

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	6/16/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DMK	64165	7/29/00
RESPONSE FORMALITY REVIEW			9/29/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	2	
2	✓	3	
3	✓	4	
4	✓	5	
5	✓	6	
6	✓	7	
7	✓	8	
8	✓	9	
9	✓	10	
10	✓	11	
11	✓	12	
12	✓	13	
13	✓	14	
14	✓	15	
15	✓	16	
16	✓	17	
17	✓	18	
18	✓	19	
19	✓	20	
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28	✓	29	
29	✓	30	
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36	✓	37	
37	✓	38	
38	✓	39	
39	✓	40	
40	✓	41	
41	✓	42	
42	✓	43	
43	✓	44	
44	✓	45	
45	✓	46	
46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
51	✓	52	
52	✓	53	
53	✓	54	
54	✓	55	
55	✓	56	
56	✓	57	
57	✓	58	
58	✓	59	
59	✓	60	
60	✓	61	
61	✓	62	
62	✓	63	
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93	✓	94	
94	✓	95	
95	✓	96	
96	✓	97	
97	✓	98	
98	✓	99	
99	✓	100	

Claim	Final	Original	Date
101	✓	102	
102	✓	103	
103	✓	104	
104	✓	105	
105	✓	106	
106	✓	107	
107	✓	108	
108	✓	109	
109	✓	110	
110	✓	111	
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139	✓	140	
140	✓	141	
141	✓	142	
142	✓	143	
143	✓	144	
144	✓	145	
145	✓	146	
146	✓	147	
147	✓	148	
148	✓	149	
149	✓	150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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